

California Department of Health Services

POLICY STATEMENT TO REDUCE OBESITY AND OVERWEIGHT

November 2004

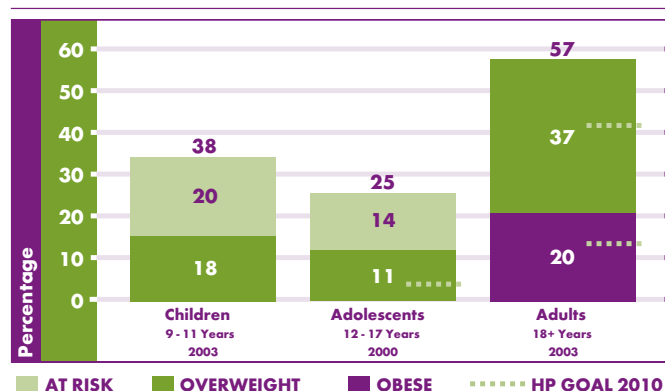


BACKGROUND

Urgency of the Problem

Over half of California adults are overweight or obese, and about one in three children and one in four teens is at risk or already overweight.¹⁻³ Available data indicate that overweight and obesity have risen dramatically in all age, income, educational, and ethnic groups.^{1,4,5} Rates are highest among African Americans, Latinos, persons in poverty, and persons with the least education.¹⁻⁴ Such high rates contribute to other health disparities experienced by these groups. National and state surveys indicate that overweight and obesity rates began rising in the late 1980s and accelerated in the 1990s.

CALIFORNIA CHILDREN, TEENS AND ADULTS AT UNHEALTHY WEIGHT



Source: California Department of Health Services, Cancer Prevention and Nutrition Section

A decline among adults that occurred in 2002 was not sustained in 2003 (see graphic right). Of the nation's ten leading health indicators for Healthy People 2010, only overweight and obesity are moving strongly in the wrong direction.⁶ The U.S. Surgeon General has called for national action to reverse the epidemic.⁵

Obesity and overweight are contributing to the rising rates of type 2 diabetes in adults and to a dangerous new phenomenon—type 2 diabetes in children. If left unchecked, type 2 diabetes may lead to complications such as kidney failure, blindness, heart attack, and amputations. It is feared that overweight and obesity may erase the last century's victories over heart disease and stroke and that the rates of breast, prostate, and colon cancer also will increase. Overweight, obesity, and physical inactivity were estimated to cost California over \$21 billion in health care costs and lost productivity in 2000.⁷

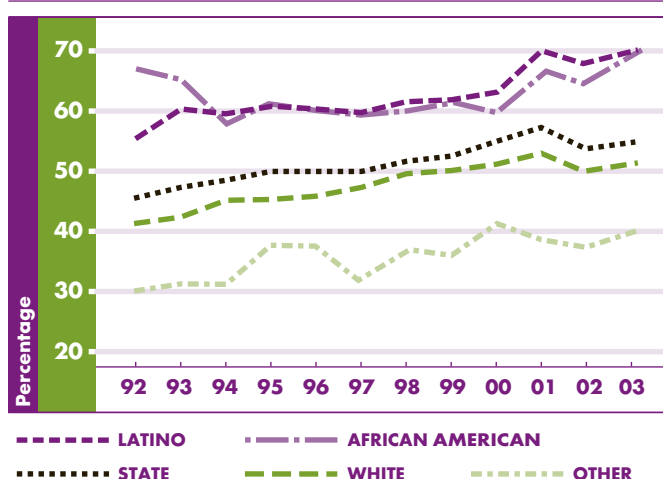
Root Causes

The worldwide spread of obesity is attributed to complex, powerful social forces that encourage eating too many high calorie foods, getting too little physical activity, and acquiring too much body weight over time. The pressure to eat too much has become increasingly pervasive. Large portions of high calorie foods with little nutritional value are mass produced, heavily advertised, and made widely available throughout the day, while the opposite is generally true for healthier foods like vegetables and fruit. Increased marketing of energy-dense, low nutrient foods to children; lack of access to healthier foods in workplaces, schools, and many lower-income communities; and food insecurity with or without hunger—in addition to a host of other barriers—make it harder for individuals to maintain a healthy diet.

Technology has decreased the amount of energy that must be expended in most workplaces, for daily living, for transportation, and at leisure. Pressure on the educational system has reduced the time and space available for active play as well as for physical education. Long workdays result in less time for physical activity and family meals, especially for single-parent households. Safety concerns, urban sprawl, and community design discourage walking, bicycling, and recreation in many neighborhoods.

Even factors occurring in the perinatal period may contribute to overweight and obesity later in life. These include uncontrolled maternal diabetes, abnormal birth weight, and lack of breastfeeding.⁸⁻¹⁰

RATES OF OVERWEIGHT BY RACE/ETHNICITY CALIFORNIA ADULTS, 1992-2002



LEADERSHIP

It is critical for the California Department of Health Services (DHS) to establish a policy about the priorities and measures needed to prevent overweight and obesity, as well as their principal causes: poor diet and physical inactivity. DHS will place a high priority on promoting healthy eating and physical activity as critical factors to reduce the risk of illness and death from major chronic diseases such as heart disease, cancer, hypertension, and diabetes.

DHS will provide leadership by:

- Drawing more attention to the epidemic of obesity and overweight in adults and children; its detrimental effects on health, quality of life, and medical costs; and the urgency of enacting comprehensive corrective measures.
- Identifying and seeking the resources necessary to implement a long-term strategic plan to combat overweight and obesity that encompasses developing, implementing, and evaluating prevention programs using a broad spectrum of interventions benefiting all Californians.
- Partnering, collaborating, and coordinating with national, state, and local agencies, private organizations, and businesses to conduct large-scale interventions.
- Assuring that department programs mobilize their efforts and use comprehensive, multilevel, multicomponent, and culturally competent approaches.

DHS will use comprehensive, population-based and systems-oriented approaches to physical activity and nutrition to prevent both the immediate and the long-term health consequences of obesity and overweight. The following strategies will be used to focus on obesity and overweight-related outcomes. These combined measures will also help achieve goals in the DHS Strategic Plan, including those to optimize state and local public health capacity, prevent disease, eliminate health disparities, and contain health care costs.

STRATEGIC OUTCOMES

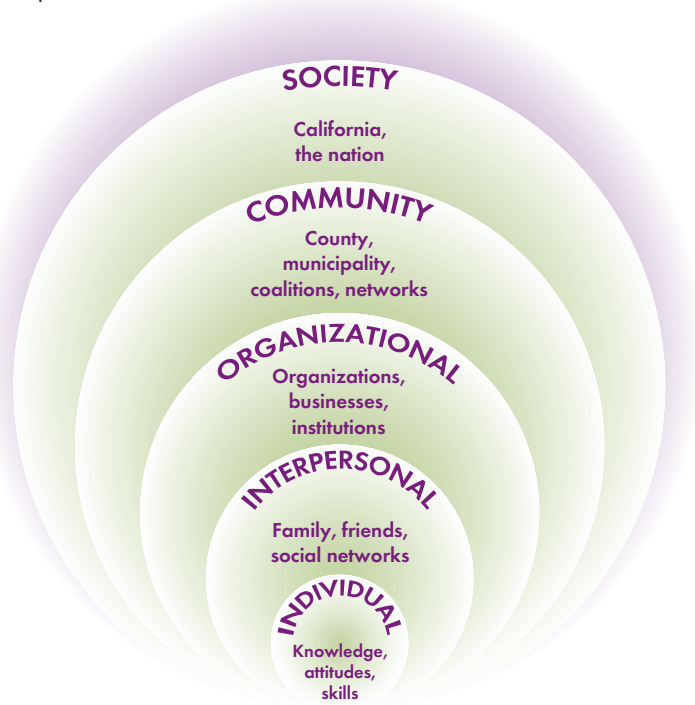
Population and Systems Change

Finding successful strategies to reduce the prevalence of obesity and overweight is complex. However, a growing consensus is emerging that several population and system changes comprise a promising set of strategies for reducing obesity and overweight, their co-morbidities, and related health disparities. These strategies are to:

- Build health-friendly communities by improving community design.
- Reduce TV viewing, especially among children and youth.
- Limit calorie intake by:
 - moderating portion size
 - limiting soft drinks and sweetened beverages
 - limiting foods with high amounts of sugar and fat.
- Choose healthy foods, especially:
 - fruits and vegetables
 - whole grains
 - beans, nuts, and seeds
 - low-fat dairy products.
- Increase regular everyday activity.
- Increase the initiation and prolong the duration of breastfeeding.
- Decrease rates of food insecurity and hunger.
- Improve access to prevention, early intervention, and treatment strategies for overweight and obesity in the health care system.

A COMPREHENSIVE APPROACH

International, national, and expert organizations have called for stronger, more specific preventive measures. Large-scale, multilevel, multicomponent prevention efforts that involve the public sector, nonprofit organizations, and business are considered the only effective public health options.



In 2001, the Centers for Disease Control and Prevention convened the nation's state health departments to discuss ways to organize large-scale efforts for healthy eating, physical activity, and obesity prevention. They endorsed using the newly developed *Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity* as the most promising means of mobilizing a nationwide response to the epidemic.¹¹ DHS also endorses these guidelines and will design implementation activities to include the following functions:

- Leadership, planning/management, and coordination.** With key stakeholders, DHS will adopt the population and systems strategic outcomes identified above, set specific statewide targets, develop a comprehensive plan, and identify and utilize all possible resources for implementing the plan. In all activities, DHS will work with a wide range of partners, including other state agencies, local governments, nonprofit organizations, businesses, and private sector groups.
- Environmental, systems, and policy change.** DHS will identify and advocate for new policies that create community, organizational, and household environments where healthy eating and physical activity become the easiest, most accessible choices.
- Mass communications and media advocacy.** DHS will use current resources and identify potential new resources to develop and conduct vigorous communications campaigns to denormalize overeating and sedentary behavior and to promote healthy eating and physical activity. Such campaigns will work to improve the promotion of healthy foods outside the home, increase the use of federal nutrition assistance programs, and – especially to children and youth – encourage responsible food and beverage advertising.
- Community programs and community development.** DHS will support counties and cities, including local health departments, to mobilize resources and empower residents to create more livable, healthy environments.
- Programs for children and youth.** DHS will provide leadership to create environments for children and youth that promote active living and healthy eating, connect families in need with available federal food assistance and health care programs, and protect children from negative media and commercial influences. Strategies will encourage adults to model healthy eating and exercise behaviors to children.
- Health care delivery.** DHS will continue its collaborative efforts with health care entities to promote clinical practices that address the full spectrum of primary, secondary, and tertiary obesity prevention services in health care settings.
- Surveillance, epidemiology, and research.** DHS will sponsor, interpret, and make data widely available from a variety of surveys, surveillance, and reporting systems that track population trends and public opinion about eating, exercise, and weight. DHS will build on the *Healthy People 2010* objectives to identify a set of behavioral, policy, systems, and outcome indicators to assist all stakeholders in monitoring progress at the state and local levels.

CALL TO ACTION

Reversing the obesity epidemic requires action now. DHS will continue to work on improving the coordination and operation of existing physical activity and nutrition programs. However, all DHS programs can play a role by promoting healthy eating and physical activity in the services they fund. Departmental programs are encouraged to work with their employees, partners, contractors, and other stakeholders to promote healthy eating and physical activity and to provide an environment in which the healthiest choices are also the easiest choices for people to make.

To implement these strategies, DHS will proceed in two phases. First, a more specific set of expectations for each of the seven comprehensive leadership functions will be developed. This process will include developing an inventory of assets, conducting an environmental assessment with stakeholders, and setting measurable objectives that can be achieved in the next four years.

Second, the DHS California Obesity Prevention Initiative led a statewide process to identify creative solutions. It produced *Reversing the Obesity Epidemic: California's Strategies for Action*, a compilation of recommendations for nutrition and physical activity goals, interventions, policies, and tools to help prevent obesity and related chronic diseases. This is an important start in encouraging the necessary change in California communities that will ultimately result in a healthier California.



DHS established a Physical Activity and Nutrition Coordinating Committee (PANCC), comprised of representatives from organizations within DHS that manage nutrition and physical activity programs. PANCC was formed to promote coordination, communication, and policy development across programs that address obesity, nutrition, and physical activity. PANCC assures leadership and action by DHS to reduce obesity and overweight in California. This policy statement was developed by PANCC.



CITATIONS

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